

**IRS e-file Signature Authorization
for an Exempt Organization**

For calendar year 2011, or fiscal year beginning OCT 1, 2011, and ending SEP 30, 2012

2011

Department of the Treasury
Internal Revenue Service

▶ **Do not send to the IRS. Keep for your records.**
▶ **See instructions.**

Name of exempt organization

Employer identification number

Hospital of Saint Raphael

06-0653171

Name and title of officer

James R. Rude

Chief Financial Officer

Part I Type of Return and Return Information (Whole Dollars Only)

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, or 5a, below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, or 5b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than 1 line in Part I.

1a	Form 990 check here	▶ <input checked="" type="checkbox"/>	b	Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b	<u>470908060</u>
2a	Form 990-EZ check here	▶ <input type="checkbox"/>	b	Total revenue, if any (Form 990-EZ, line 9)	2b	
3a	Form 1120-POL check here	▶ <input type="checkbox"/>	b	Total tax (Form 1120-POL, line 22)	3b	
4a	Form 990-PF check here	▶ <input type="checkbox"/>	b	Tax based on investment income (Form 990-PF, Part VI, line 5)	4b	
5a	Form 8868 check here	▶ <input type="checkbox"/>	b	Balance Due (Form 8868, Part I, line 3c or Part II, line 8c)	5b	

Part II Declaration and Signature Authorization of Officer

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2011 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

Officer's PIN: check one box only

I authorize _____ to enter my PIN _____
ERO firm name Enter five numbers, but do not enter all zeros

as my signature on the organization's tax year 2011 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2011 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature ▶ James R. Rude Date ▶ 8/14/2013

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2011 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature ▶ James R. Rude Date ▶ 8/14/2013

ERO Must Retain This Form - See Instructions
Do Not Submit This Form To the IRS Unless Requested To Do So

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

2011

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

The organization may have to use a copy of this return to satisfy state reporting requirements.

A For the 2011 calendar year, or tax year beginning OCT 1, 2011 and ending SEP 30, 2012

B Check if applicable: <input checked="" type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization Hospital of Saint Raphael Doing Business As Number and street (or P.O. box if mail is not delivered to street address) Room/suite 200 Orchard Street, Suite 204 City or town, state or country, and ZIP + 4 New Haven, CT 06511	D Employer identification number 06-0653171 E Telephone number 203-789-3940
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c)() (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		G Gross receipts \$ 471827245. H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)
J Website: N/A		H(c) Group exemption number ▶
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		L Year of formation: 1907 M State of legal domicile: CT

Part I Summary

1		Briefly describe the organization's mission or most significant activities: <u>Not for Profit Hospital</u>		
2		Check this box <input checked="" type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
Activities & Governance	3	Number of voting members of the governing body (Part VI, line 1a)	3 15	
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4 12	
	5	Total number of individuals employed in calendar year 2011 (Part V, line 2a)	5 4286	
	6	Total number of volunteers (estimate if necessary)	6 700	
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a 6131130.	
	7b	Net unrelated business taxable income from Form 990-T, line 34	7b 0.	
	Revenue	8	Contributions and grants (Part VIII, line 1h)	5555754. 5487195.
9		Program service revenue (Part VIII, line 2g)	477956801. 443953259.	
10		Investment income (Part VIII, column (A), lines 3, 4, and 7d)	304901. 293298.	
11		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	22106354. 21174308.	
12		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	505923810. 470908060.	
Expenses		13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0. 0.
		14	Benefits paid to or for members (Part IX, column (A), line 4)	0. 0.
		15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	284957442. 272875725.
		16a	Professional fundraising fees (Part IX, column (A), line 11e)	0. 0.
		16b	Total fundraising expenses (Part IX, column (D), line 25) ▶	0.
		17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	216793388. 200064634.
		18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	501750830. 472940359.
	19	Revenue less expenses. Subtract line 18 from line 12	4172980. -2032299.	
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	Beginning of Current Year 277047305. End of Year 160560508.	
	21	Total liabilities (Part X, line 26)	323551576. 149059341.	
	22	Net assets or fund balances. Subtract line 21 from line 20	-46504271. 11501167.	

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here	Signature of officer <u>James R. Rude, Chief Financial Officer</u>	Date			
	Type or print name and title				
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	Firm's name ▶	Firm's EIN ▶		Phone no.	
	Firm's address ▶				

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response to any question in this Part III [X]

1 Briefly describe the organization's mission:

The Hospital of Saint Raphael is a community teaching hospital and health care resource sponsored and guided by the values of the Sisters of Charity of Saint Elizabeth and of the Roman Catholic Church. The mission is to witness, share in, and promote excellence in the healing

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [] Yes [X] No

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [X] Yes [] No

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 420696443. including grants of \$) (Revenue \$ 458996437.) The Hospital of Saint Raphael provides services to the poor and the medically underserved, as well as providing benefits to the broader community. The Hospital also provides services to other needy populations that may not qualify as poor but need special services and support. These include the cost of health promotion, health screening and education of the general community. Total discharges for the year were 19,941, Emergency Room Visits 55,528, Patient days 102,666, Inpatient Surgical Procedures 5,367 and Ambulatory Surgery 8,811.

4b (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4c (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4d Other program services (Describe in Schedule O.) (Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses 420696443.

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	X	
2 Is the organization required to complete Schedule B, Schedule of Contributors?	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	X	
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>		X
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		X
9 Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>		X
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	X	
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>		X
b Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>	X	
c Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>		X
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>		X
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	X	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>		X
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII</i>		X
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional</i>	X	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>		X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? <i>If "Yes," complete Schedule F, Parts II and IV</i>		X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? <i>If "Yes," complete Schedule F, Parts III and IV</i>		X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i>		X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>		X
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	X	
b <i>If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?</i>	X	

Part IV Checklist of Required Schedules (continued)

		Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>		X
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	X	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25</i>		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>		X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II</i>		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>		X
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	X	
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	X	
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i>	X	/
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?	X	

Note. All Form 990 filers are required to complete Schedule O

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response to any question in this Part V

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	X	
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	X	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	X	
b	If "Yes," enter the name of the foreign country: Bermuda See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7 Organizations that may receive deductible contributions under section 170(c).			
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
d	If "Yes," indicate the number of Forms 8282 filed during the year		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?			
9 Sponsoring organizations maintaining donor advised funds.			
a	Did the organization make any taxable distributions under section 4966?		
b	Did the organization make a distribution to a donor, donor advisor, or related person?		
10 Section 501(c)(7) organizations. Enter:			
a	Initiation fees and capital contributions included on Part VIII, line 12		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		
11 Section 501(c)(12) organizations. Enter:			
a	Gross income from members or shareholders		
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)		
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?			
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year		
13 Section 501(c)(29) qualified nonprofit health insurance issuers.			
a	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans		
c	Enter the amount of reserves on hand		
14a Did the organization receive any payments for indoor tanning services during the tax year?			
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		X

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Check if Schedule O contains a response to any question in this Part VI [X]

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body at the end of the tax year (15); 1b Enter the number of voting members included in line 1a, above, who are independent (12); 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? (2, X); 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? (3, X); 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? (4, X); 5 Did the organization become aware during the year of a significant diversion of the organization's assets? (5, X); 6 Did the organization have members or stockholders? (6, X); 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? (7a, X); 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? (7b, X); 8a Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: The governing body? (8a, X); 8b Each committee with authority to act on behalf of the governing body? (8b, X); 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O (9, X).

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates? (10a, X); 10b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? (10b); 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? (11a, X); 11b Describe in Schedule O the process, if any, used by the organization to review this Form 990. (11b); 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 (12a, X); 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? (12b, X); 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done (12c, X); 13 Did the organization have a written whistleblower policy? (13, X); 14 Did the organization have a written document retention and destruction policy? (14, X); 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? (15); 15a The organization's CEO, Executive Director, or top management official (15a, X); 15b Other officers or key employees of the organization (15b, X); 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? (16a, X); 16b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? (16b, X).

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed (None)
18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. [] Own website [] Another's website [X] Upon request
19 Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: Hospital of Saint Raphael Acctg Dep - 203-789-3940, 200 Orchard Street, Suite 204, New Haven, CT 06511

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response to any question in this Part VII

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) Vincent Calarco Volunteer	3.30	X					0.	0.	0.	
(2) M. Joseph Canavan Volunteer	5.00	X					0.	0.	0.	
(3) James M. Carolan Volunteer	3.00	X					7327.	0.	0.	
(4) Sister Teresa Confroy Volunteer	8.00	X					0.	0.	0.	
(5) Ralph DeNatale, MD Volunteer	5.00	X					126033.	0.	0.	
(6) James Farmer, MD Volunteer	3.00	X					403872.	0.	0.	
(7) Sister Mary Kathleen Flanagan Volunteer	2.50	X					0.	0.	0.	
(8) Paul Fortgang, MD Volunteer	2.00	X					0.	0.	0.	
(9) Rev. Bonita Grubbs Volunteer	3.00	X					0.	0.	0.	
(10) W. Bruce Lundberg, MD Volunteer	4.00	X					276832.	0.	0.	
(11) Michele Macaуда Volunteer	2.00	X					0.	0.	0.	
(12) Linda Masci Volunteer	3.00	X					0.	0.	0.	
(13) Sister Mary Morley Volunteer	8.50	X					0.	0.	0.	
(14) Sister Rosemary Moynihan Volunteer	6.00	X					0.	0.	0.	
(15) Edward J. Mullen Volunteer	1.00	X					0.	0.	0.	
(16) Christopher M. O'Connor Chief Executive Officer to 9/11/12	40.00	X		X			0.	959577.	392713.	
(17) Most Reverend Peter Rosazza Volunteer	1.50	X					0.	0.	0.	

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) Sister Maureen Shaughnessy Volunteer	6.00	X						0.	0.	0.
(19) James P. Torgerson Volunteer	2.00	X						0.	0.	0.
(20) Kevin Twohig, MD Volunteer	3.00	X						0.	0.	0.
(21) Sister Margaret Welch Volunteer	6.50	X						0.	0.	0.
(22) Janeanne Lubin-Szafranski Chief Executive Officer begin 9/12/1	40.00	X		X				0.	406168.	131241.
(23) Alan Kliger, MD Chief Medical Officer to 09/11/12	40.00			X				0.	609368.	215761.
(24) Lawrence E. McManus Chief Financial Officer to 4/4/12	40.00			X				0.	704640.	219781.
(25) James Rude Chief Financial Officer begin 9/12/1	40.00			X			219080.	0.	62821.	
(26) Joseph Bisson VP, Planning Services	40.00				X		0.	244275.	111940.	
1b Sub-total							1033144.	2924028.	1134257.	
c Total from continuation sheets to Part VII, Section A							3089044.	4267495.	1144061.	
d Total (add lines 1b and 1c)							4122188.	7191523.	2278318.	

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **469**

	Yes	No
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual	3 X	
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	4 X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person	5	X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
Cardinal Health 21377 Network Place, Chicago, IL 60673	Management	20450068.
Rhode Island Blood Center PO Box 9399, Providence, RI 02940	Medical	4283811.
Morrison Management PO Box 102289, Atlanta, GA 30368	Dietary	3728856.
Yale University PO Box 208087, New Haven, CT 06511	Medical	2485570.
Saint Raphael MRI PO Box 9651, New Haven, CT 06511	MRI Service	1729674.

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **58**

See Part VII, Section A Continuation sheets

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations	
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former				
(27) Russ Braun, MD Chair/Emergency Med	40.00				X			0.	544457.	78719.	
(28) John Burke VP Information Services	40.00				X			0.	317960.	97862.	
(29) Elizabeth Conrad VP, Human Resources	40.00				X			0.	342760.	116628.	
(30) Thomas Donahue, MD Sec Chief/Cardiology	40.00				X			0.	465762.	131788.	
(31) Peter Duffy VP, Facility Operations	40.00				X			0.	265818.	94172.	
(32) John Fitzgerald Asst Vice President Finance	40.00				X			214839.	0.	51973.	
(33) Sister Joan Granville VP, Mission Services	20.00				X			0.	257685.	71731.	
(34) W. Scott Helton, MD Former Chair/Surgery	0.00				X			0.	161091.	3670.	
(35) Gary J. Kaml, M.D. Chair/Surgery	40.00				X			430419.	0.	19583.	
(36) Mary Kuncas VP Patient Care Service	40.00				X			0.	332835.	100615.	
(37) Marshal Mandelkern, MD Chair/Psychiatry	40.00				X			0.	347184.	79764.	
(38) Kim Samele VP Surgical Services	40.00				X			0.	182908.	43179.	
(39) Howard Shaw, M.D. Chair/Women and Children	40.00				X			0.	344738.	57212.	
(40) Lucinda VonBeren VP, Corporate Affairs	40.00				X			0.	301785.	101675.	
(41) Andre Ghantous, MD Director/Cardiology	40.00					X		493397.	0.	18946.	
(42) John Federico, MD Section Chief/Thoracic	40.00					X		533228.	0.	18325.	
(43) Donald Kim, MD Director/SICU	40.00					X		472379.	0.	18651.	
(44) Ernest Moritz, MD Associate Chair Medicine	40.00					X		362030.	0.	21130.	
(45) Samuel Hahn, MD Sec Chief/Cardiology	40.00					X		509333.	0.	18438.	
(46) Benedict Fernando, M.D. Former Volunteer Trustee	0.00						X	73419.	0.	0.	
Total to Part VII, Section A, line 1c											

Part VIII Statement of Revenue

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a			
	b Membership dues	1b			
	c Fundraising events	1c			
	d Related organizations	1d			
	e Government grants (contributions)	1e			
	f All other contributions, gifts, grants, and similar amounts not included above	1f 5487195.			
	g Noncash contributions included in lines 1a-1f: \$				
	h Total. Add lines 1a-1f		5487195.		
			5487195.		
Program Service Revenue	2 a <u>Net Patient Services</u>	Business Code 621500	443953259.	440574125.	3379134.
	b				
	c				
	d				
	e				
	f All other program service revenue				
	g Total. Add lines 2a-2f		443953259.		
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		312483.		312483.
	4 Income from investment of tax-exempt bond proceeds				
	5 Royalties				
	6 a Gross rents	(i) Real (ii) Personal			
	b Less: rental expenses				
	c Rental income or (loss)				
	d Net rental income or (loss)				
	7 a Gross amount from sales of assets other than inventory	(i) Securities (ii) Other 900000.			
	b Less: cost or other basis and sales expenses	919185.			
	c Gain or (loss)	-19185.			
	d Net gain or (loss)		-19185.		-19185.
	8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	a			
	b Less: direct expenses	b			
	c Net income or (loss) from fundraising events				
	9 a Gross income from gaming activities. See Part IV, line 19	a			
b Less: direct expenses	b				
c Net income or (loss) from gaming activities					
10 a Gross sales of inventory, less returns and allowances	a				
b Less: cost of goods sold	b				
c Net income or (loss) from sales of inventory					
Miscellaneous Revenue		Business Code			
11 a <u>Physician Premiums</u>	524298	2232000.		2232000.	
b <u>Yankee Alliance</u>	561499	519996.		519996.	
c <u>Auxiliary</u>	453220	-65993.	-65993.		
d All other revenue	900099	18488305.	18488305.		
e Total. Add lines 11a-11d		21174308.			
12 Total revenue. See instructions.		470908060.	458996437.	6131130.	293298.

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

Check if Schedule O contains a response to any question in this Part IX

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the United States. See Part IV, line 21				
2 Grants and other assistance to individuals in the United States. See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	5346102.	1202206.	4143896.	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	212540205.	190222234.	22317971.	
8 Pension plan accruals and contributions (include section 401(k) and section 403(b) employer contributions)	5061321.	4446633.	614688.	
9 Other employee benefits	34270635.	30108533.	4162102.	
10 Payroll taxes	15657462.	13755894.	1901568.	
11 Fees for services (non-employees):				
a Management	228721.	200943.	27778.	
b Legal	600637.	527691.	72946.	
c Accounting	386134.	339239.	46895.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	2463.	2164.	299.	
g Other	28170961.	24749652.	3421309.	
12 Advertising and promotion	961455.	844688.	116767.	
13 Office expenses	87596781.	76958323.	10638458.	
14 Information technology	6307675.	5541620.	766055.	
15 Royalties				
16 Occupancy	11755712.	10328004.	1427708.	
17 Travel	690381.	606536.	83845.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	671841.	590247.	81594.	
20 Interest	2279689.	2002825.	276864.	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	13175681.	11575520.	1600161.	
23 Insurance	4471143.	3928131.	543012.	
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a Pharmacy	18591441.	18591441.		
b Bad debts - net	13531774.	13531774.		
c Malpractice Insurance	5592278.	5592278.		
d Red Cross charges	3586206.	3586206.		
e All other expenses	1463661.	1463661.		
25 Total functional expenses. Add lines 1 through 24e	472940359.	420696443.	52243916.	0.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

Check here if following SOP 98-2 (ASC 958-720)

Part X Balance Sheet

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing		1	
	2 Savings and temporary cash investments	26894270.	2	93375248.
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net	42793002.	4	25007422.
	5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions)		6	
	7 Notes and loans receivable, net	2253020.	7	16289043.
	8 Inventories for sale or use	7423719.	8	
	9 Prepaid expenses and deferred charges	6898002.	9	49580.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 0.		
	b Less: accumulated depreciation	10b	10c	
	11 Investments - publicly traded securities	91355080.	11	556963.
	12 Investments - other securities. See Part IV, line 11	43743670.	12	24189707.
	13 Investments - program-related. See Part IV, line 11	41651039.	13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	14035503.	15	1092545.
16 Total assets. Add lines 1 through 15 (must equal line 34)	277047305.	16	160560508.	
Liabilities	17 Accounts payable and accrued expenses	61485997.	17	48321015.
	18 Grants payable		18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities	660619.	20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	261404960.	25	100738326.
	26 Total liabilities. Add lines 17 through 25	323551576.	26	149059341.
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	-77285560.	27	-6517301.
	28 Temporarily restricted net assets	19690868.	28	10301495.
	29 Permanently restricted net assets	11090421.	29	7716973.
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
33 Total net assets or fund balances	-46504271.	33	11501167.	
34 Total liabilities and net assets/fund balances	277047305.	34	160560508.	

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response to any question in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12)	1	470908060.
2	Total expenses (must equal Part IX, column (A), line 25)	2	472940359.
3	Revenue less expenses. Subtract line 2 from line 1	3	-2032299.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	-46504271.
5	Other changes in net assets or fund balances (explain in Schedule O)	5	60037737.
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	11501167.

Part XII Financial Statements and Reporting

Check if Schedule O contains a response to any question in this Part XII

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other		
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		X
2b	Were the organization's financial statements audited by an independent accountant?	X	
2c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	X	
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.			
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	X	
3b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	X	

Form 990 (2011)

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No. 1545-0047

2011

Open to Public Inspection

Name of the organization

Hospital of Saint Raphael

Employer identification number

06-0653171

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E.)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 10 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3)**. Check the box that describes the type of supporting organization and complete lines 11e through 11h.
 - a Type I
 - b Type II
 - c Type III - Functionally integrated
 - d Type III - Other
- e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
- f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

	Yes	No
(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?	11g(i)	
(ii) A family member of a person described in (i) above?	11g(ii)	
(iii) A 35% controlled entity of a person described in (i) or (ii) above?	11g(iii)	
- h Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col. (i) listed in your governing document?		(v) Did you notify the organization in col. (i) of your support?		(vi) Is the organization in col. (i) organized in the U.S.?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
Total									

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2011

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4.						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
11 Total support. Add lines 7 through 10						
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2011 (line 6, column (f) divided by line 11, column (f))	14	%
15 Public support percentage from 2010 Schedule A, Part II, line 14	15	%
16a 33 1/3% support test - 2011. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 33 1/3% support test - 2010. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
17a 10% -facts-and-circumstances test - 2011. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 10% -facts-and-circumstances test - 2010. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		<input type="checkbox"/>

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support (Add lines 9, 10c, 11, and 12.)						

14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

Section C. Computation of Public Support Percentage

15 Public support percentage for 2011 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2010 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2011 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2010 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2011. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

b 33 1/3% support tests - 2010. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Schedule B
(Form 990, 990-EZ,
or 990-PF)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.

OMB No. 1545-0047

2011

Name of the organization

Hospital of Saint Raphael

Employer identification number

06-0653171

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)(3) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II.

Special Rules

For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not total to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year. ▶ \$ _____

Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on Part I, line 2 of its Form 990-PF, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2011)

Name of organization

Employer identification number

Hospital of Saint Raphael

06-0653171

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$ 7810332.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
2		\$ 2584990.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
3		\$ 179232.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization

Employer identification number

Hospital of Saint Raphael

06-0653171

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
	_____ _____ _____	\$ _____	_____
	_____ _____ _____	\$ _____	_____
	_____ _____ _____	\$ _____	_____
	_____ _____ _____	\$ _____	_____
	_____ _____ _____	\$ _____	_____
	_____ _____ _____	\$ _____	_____
	_____ _____ _____	\$ _____	_____
	_____ _____ _____	\$ _____	_____

Name of organization Hospital of Saint Raphael	Employer identification number 06-0653171
--	---

Part III Exclusively religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations that total more than \$1,000 for the year. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once.) ▶ \$ _____
Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	

SCHEDULE C
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

OMB No. 1545-0047

2011

Open to Public
Inspection

▶ **Complete if the organization is described below.** ▶ Attach to Form 990 or Form 990-EZ.
▶ See separate instructions.

If the organization answered "Yes" to Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes" to Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes" to Form 990, Part IV, line 5 (Proxy Tax), or Form 990-EZ, Part V, line 35c (Proxy Tax), then

- Section 501(c)(4), (5), or (6) organizations: Complete Part III.

Name of organization Hospital of Saint Raphael	Employer identification number 06-0653171
--	---

Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV.
- 2 Political expenditures ▶ \$ _____
- 3 Volunteer hours _____

Part I-B Complete if the organization is exempt under section 501(c)(3).

- 1 Enter the amount of any excise tax incurred by the organization under section 4955 ▶ \$ _____
 - 2 Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ \$ _____
 - 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? Yes No
 - 4a Was a correction made? Yes No
- b If "Yes," describe in Part IV.

Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ \$ _____
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ▶ \$ _____
- 3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b ▶ \$ _____
- 4 Did the filing organization file Form 1120-POL for this year? Yes No
- 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-

Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).

- A** Check if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).
- B** Check if the filing organization checked box A and "limited control" provisions apply.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals												
1a Total lobbying expenditures to influence public opinion (grass roots lobbying)														
b Total lobbying expenditures to influence a legislative body (direct lobbying)														
c Total lobbying expenditures (add lines 1a and 1b)														
d Other exempt purpose expenditures														
e Total exempt purpose expenditures (add lines 1c and 1d)														
f Lobbying nontaxable amount. Enter the amount from the following table in both columns.														
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">If the amount on line 1e, column (a) or (b) is:</th> <th style="text-align: left;">The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>	If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e.	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	Over \$17,000,000	\$1,000,000.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:													
Not over \$500,000	20% of the amount on line 1e.													
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.													
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.													
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.													
Over \$17,000,000	\$1,000,000.													
g Grassroots nontaxable amount (enter 25% of line 1f)														
h Subtract line 1g from line 1a. If zero or less, enter -0-														
i Subtract line 1f from line 1c. If zero or less, enter -0-														
j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?														

Yes No

4-Year Averaging Period Under Section 501(h)
(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 2a through 2f on page 4.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

For each "Yes" response to lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.

	(a)		(b)
	Yes	No	Amount
1 During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
a Volunteers?		X	
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	X		
c Media advertisements?		X	
d Mailings to members, legislators, or the public?		X	
e Publications, or published or broadcast statements?		X	
f Grants to other organizations for lobbying purposes?	X		109600.
g Direct contact with legislators, their staffs, government officials, or a legislative body?	X		7012.
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		X	
i Other activities?	X		2709.
j Total. Add lines 1c through 1i			119321.
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		X	
b If "Yes," enter the amount of any tax incurred under section 4912			
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

	Yes	No
1 Were substantially all (90% or more) dues received nondeductible by members?	1	
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?	2	
3 Did the organization agree to carry over lobbying and political expenditures from the prior year?	3	

Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes."

1 Dues, assessments and similar amounts from members	1	
2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
a Current year	2a	
b Carryover from last year	2b	
c Total	2c	
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	
4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4	
5 Taxable amount of lobbying and political expenditures (see instructions)	5	

Part IV Supplemental Information

Complete this part to provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A; and Part II-B, line 1. Also, complete this part for any additional information.

Part II-B, Line 1, Lobbying Activities:

The majority of lobbying by Saint Raphael employees takes place at the state and federal levels. During fiscal 2012, state law required Saint Raphael to register as a state lobbyist as well (as its Chief Executive Officer, its Chief Financial Officer, the Executive Director of Saint Regis Health Center and its Director of Community and Government

Part IV Supplemental Information (continued)

Relations). These four individuals met with elected officials, sent correspondence, and educated the Saint Raphael community about proposed legislation. Occasionally, other Saint Raphael employees may be asked to write to their legislators about proposed healthcare legislation. These combined efforts constitute Saint Raphael's direct lobbying efforts.

Other lobbying activities include: dues paid to a national coalition to influence Medicare reimbursement; background and research work completed by Saint Raphael employees and a legal firm concerning a variety of federal issues; and a lobbying contract with a federal lobbying firm.

The Hospital is also a member of several trade associations, and periodically participates in their lobbying efforts since a portion of the dues paid to these groups (American Hospital Association, Catholic Health Association, Association of American Medical Colleges, Premier, Connecticut Hospital Association, and Connecticut Catholic Hospital Council) may be used for lobbying efforts.

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047

2011
Open to Public Inspection

Name of the organization

Hospital of Saint Raphael

Employer identification number

06-0653171

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate contributions to (during year)		
3 Aggregate grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?		<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?		<input type="checkbox"/> Yes <input type="checkbox"/> No

Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

- Purpose(s) of conservation easements held by the organization (check all that apply).

<input type="checkbox"/> Preservation of land for public use (e.g., recreation or education)	<input type="checkbox"/> Preservation of an historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> Preservation of open space	
- Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d
- Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ _____
- Number of states where property subject to conservation easement is located ▶ _____
- Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?
- Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ▶ _____
- Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ \$ _____
- Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?
- In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

- If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items.
 - If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenues included in Form 990, Part VIII, line 1	▶ \$ _____
(ii) Assets included in Form 990, Part X	▶ \$ _____
- If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

a Revenues included in Form 990, Part VIII, line 1	▶ \$ _____
b Assets included in Form 990, Part X	▶ \$ _____

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):

- a Public exhibition
- b Scholarly research
- c Preservation for future generations
- d Loan or exchange programs
- e Other _____

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No

b If "Yes," explain the arrangement in Part XIV and complete the following table:

	Amount
c Beginning balance	1c
d Additions during the year	1d
e Distributions during the year	1e
f Ending balance	1f

2a Did the organization include an amount on Form 990, Part X, line 21? Yes No

b If "Yes," explain the arrangement in Part XIV.

Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	3446673.	3431456.	3122933.	3173968.	
b Contributions					
c Net investment earnings, gains, and losses	557390.	15217.	308523.	-51035.	
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance	4004063.	3446673.	3431456.	3122933.	

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a Board designated or quasi-endowment %
- b Permanent endowment 100.00 %
- c Temporarily restricted endowment %

The percentages in lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

	Yes	No
(i) unrelated organizations		X
(ii) related organizations		X

b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? Yes No

4 Describe in Part XIV the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment				
e Other				

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) 0.

Part VII Investments - Other Securities. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A) Cash	1125555.	End-of-Year Market Value
(B) Money Market Funds	9401688.	End-of-Year Market Value
(C) CD's and Other	13662464.	End-of-Year Market Value
(D)		
(E)		
(F)		
(G)		
(H)		
(I)		
Total. (Col (b) must equal Form 990, Part X, col (B) line 12.) ▶	24189707.	

Part VIII Investments - Program Related. See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
Total. (Col (b) must equal Form 990, Part X, col (B) line 13.) ▶		

Part IX Other Assets. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 15.) ▶	

Part X Other Liabilities. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) Post retirement Medical Costs	1608486.
(3) Accrued Pension - Defined Benefit Plan	99128041.
(5) Self Insurance - Workers Compensation	1799.
(7)	
(8)	
(9)	
(10)	
(11)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25.) ▶	100738326.

FIN 48 (ASC 740) Footnote. In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740).

Part XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV.)	8	
9	Total adjustments (net). Add lines 4 through 8	9	
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10	

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

1	Total revenue, gains, and other support per audited financial statements	1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a	
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV.)	2d	
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV.)	4b	
c	Add lines 4a and 4b	4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements	1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIV.)	2d	
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV.)	4b	
c	Add lines 4a and 4b	4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	

Part XIV Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

Footnote to financial statements that reports the organization's liability for uncertain tax positions under FIN 48:

Based on status of tax matters as of September 30, 2011, there were no disclosures in the footnotes to the organization's financial statements related to uncertain tax positions under FIN 48.

**SCHEDULE H
(Form 990)**

Hospitals

OMB No. 1545-0047

2011

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

▶ Complete if the organization answered "Yes" to Form 990, Part IV, question 20.
▶ Attach to Form 990. ▶ See separate instructions.

Name of the organization

Hospital of Saint Raphael

Employer identification number

06-0653171

Part I Financial Assistance and Certain Other Community Benefits at Cost

	Yes	No
1a Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a	X	
b If "Yes," was it a written policy?	X	
2 If the organization had multiple hospital facilities, indicate which of the following best describes application of the financial assistance policy to its various hospital facilities during the tax year. <input type="checkbox"/> Applied uniformly to all hospital facilities <input type="checkbox"/> Applied uniformly to most hospital facilities <input type="checkbox"/> Generally tailored to individual hospital facilities		
3 Answer the following based on the financial assistance eligibility criteria that applied to the largest number of the organization's patients during the tax year.		
a Did the organization use Federal Poverty Guidelines (FPG) to determine eligibility for providing free care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for free care: <input type="checkbox"/> 100% <input type="checkbox"/> 150% <input type="checkbox"/> 200% <input checked="" type="checkbox"/> Other 250%	X	
b Did the organization use FPG to determine eligibility for providing discounted care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care: <input type="checkbox"/> 200% <input type="checkbox"/> 250% <input type="checkbox"/> 300% <input type="checkbox"/> 350% <input checked="" type="checkbox"/> 400% <input type="checkbox"/> Other %	X	
c If the organization did not use FPG to determine eligibility, describe in Part VI the income based criteria for determining eligibility for free or discounted care. Include in the description whether the organization used an asset test or other threshold, regardless of income, to determine eligibility for free or discounted care.		
4 Did the organization's financial assistance policy that applied to the largest number of its patients during the tax year provide for free or discounted care to the "medically indigent"?	X	
5a Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?	X	
b If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?	X	
c If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligible for free or discounted care?		X
6a Did the organization prepare a community benefit report during the tax year?	X	
b If "Yes," did the organization make it available to the public?	X	

Complete the following table using the worksheets provided in the Schedule H instructions. Do not submit these worksheets with the Schedule H.

7 Financial Assistance and Certain Other Community Benefits at Cost	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
Financial Assistance and Means-Tested Government Programs						
a Financial Assistance at cost (from Worksheet 1)		1108	787194.		787194.	.17%
b Medicaid (from Worksheet 3, column a)		83080	68513648.	53750182.	14763466.	3.12%
c Costs of other means-tested government programs (from Worksheet 3, column b)						
d Total Financial Assistance and Means-Tested Government Programs		84188	69300842.	53750182.	15550660.	3.29%
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)	6	6447	219567.	5522.	214045.	.05%
f Health professions education (from Worksheet 5)	4	1570	39424067.	25715162.	13708905.	2.90%
g Subsidized health services (from Worksheet 6)	2	9071	11905214.	12033908.	-128694.	.00%
h Research (from Worksheet 7)	1	0	2869.		2869.	.00%
i Cash and in-kind contributions for community benefit (from Worksheet 8)	2	3571	144712.		144712.	.03%
j Total Other Benefits	15	20659	51696429.	37754592.	13941837.	2.98%
k Total. Add lines 7d and 7j	15	104847	120997271.	91504774.	29492497.	6.27%

Part II Community Building Activities Complete this table if the organization conducted any community building activities during the tax year, and describe in Part VI how its community building activities promoted the health of the communities it serves.

	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expense	(d) Direct offsetting revenue	(e) Net community building expense	(f) Percent of total expense
1 Physical improvements and housing	1		19337.		19337.	.00%
2 Economic development						
3 Community support	1	628	1931.		1931.	.00%
4 Environmental improvements						
5 Leadership development and training for community members	1	40	1334.		1334.	.00%
6 Coalition building	1		9042.		9042.	.00%
7 Community health improvement advocacy						
8 Workforce development						
9 Other						
10 Total	4	668	31644.		31644.	

Part III Bad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

		Yes	No
1 Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15?	1	X	
2 Enter the amount of the organization's bad debt expense	2	4755065.	
3 Enter the estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's financial assistance policy	3	2848759.	
4 Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense. In addition, describe the costing methodology used in determining the amounts reported on lines 2 and 3, and rationale for including a portion of bad debt amounts as community benefit.			

Section B. Medicare

5 Enter total revenue received from Medicare (including DSH and IME)	5	180638638.
6 Enter Medicare allowable costs of care relating to payments on line 5	6	214072521.
7 Subtract line 6 from line 5. This is the surplus (or shortfall)	7	-33433883.
8 Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit. Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6. Check the box that describes the method used: <input type="checkbox"/> Cost accounting system <input checked="" type="checkbox"/> Cost to charge ratio <input type="checkbox"/> Other		

Section C. Collection Practices

9a Did the organization have a written debt collection policy during the tax year?	9a	X
b If "Yes," did the organization's collection policy that applied to the largest number of its patients during the tax year contain provisions on the collection practices to be followed for patients who are known to qualify for financial assistance? Describe in Part VI	9b	X

Part IV Management Companies and Joint Ventures (see instructions)

(a) Name of entity	(b) Description of primary activity of entity	(c) Organization's profit % or stock ownership %	(d) Officers, directors, trustees, or key employees' profit % or stock ownership %	(e) Physicians' profit % or stock ownership %
1 CT CK Leasing, LLC	Cyberknife stereotactic radiosurgery system. Provides comprehensive health care through hospital provider network.	49.09%		13.64%
2 Health CT LLC		15.80%		
3 Yankee Alliance, LLC	Hospital supply chain management.	11.11%		

Part V Facility Information

Section A. Hospital Facilities

(list in order of size, from largest to smallest)

How many hospital facilities did the organization operate during the tax year? 1

Name and address

1 Hospital of Saint Raphael
1450 Chapel Street
New Haven, CT 06511

Table with 8 columns: Licensed hospital, General medical & surgical, Children's hospital, Teaching hospital, Critical access hospital, Research facility, ER-24 hours, ER-other, and Other (describe). Row 1 contains 'X' marks in the first four columns and the last column.

Part V Facility Information (continued)

Section B. Facility Policies and Practices

(Complete a separate Section B for each of the hospital facilities listed in Part V, Section A)

Name of Hospital Facility: N/A

Line Number of Hospital Facility (from Schedule H, Part V, Section A): 1

	Yes	No
Community Health Needs Assessment (Lines 1 through 7 are optional for tax year 2011)		
1 During the tax year or any prior tax year, did the hospital facility conduct a community health needs assessment (Needs Assessment)? If "No," skip to line 8.....		
If "Yes," indicate what the Needs Assessment describes (check all that apply):		
a <input type="checkbox"/> A definition of the community served by the hospital facility		
b <input type="checkbox"/> Demographics of the community		
c <input type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
d <input type="checkbox"/> How data was obtained		
e <input type="checkbox"/> The health needs of the community		
f <input type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
g <input type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
h <input type="checkbox"/> The process for consulting with persons representing the community's interests		
i <input type="checkbox"/> Information gaps that limit the hospital facility's ability to assess the community's health needs		
j <input type="checkbox"/> Other (describe in Part VI)		
2 Indicate the tax year the hospital facility last conducted a Needs Assessment: 20 _____		
3 In conducting its most recent Needs Assessment, did the hospital facility take into account input from persons who represent the community served by the hospital facility? If "Yes," describe in Part VI how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted		
4 Was the hospital facility's Needs Assessment conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Part VI		
5 Did the hospital facility make its Needs Assessment widely available to the public?		
If "Yes," indicate how the Needs Assessment was made widely available (check all that apply):		
a <input type="checkbox"/> Hospital facility's website		
b <input type="checkbox"/> Available upon request from the hospital facility		
c <input type="checkbox"/> Other (describe in Part VI)		
6 If the hospital facility addressed needs identified in its most recently conducted Needs Assessment, indicate how (check all that apply):		
a <input type="checkbox"/> Adoption of an implementation strategy to address the health needs of the hospital facility's community		
b <input type="checkbox"/> Execution of the implementation strategy		
c <input type="checkbox"/> Participation in the development of a community-wide community benefit plan		
d <input type="checkbox"/> Participation in the execution of a community-wide community benefit plan		
e <input type="checkbox"/> Inclusion of a community benefit section in operational plans		
f <input type="checkbox"/> Adoption of a budget for provision of services that address the needs identified in the Needs Assessment		
g <input type="checkbox"/> Prioritization of health needs in its community		
h <input type="checkbox"/> Prioritization of services that the hospital facility will undertake to meet health needs in its community		
i <input type="checkbox"/> Other (describe in Part VI)		
7 Did the hospital facility address all of the needs identified in its most recently conducted Needs Assessment? If "No," explain in Part VI which needs it has not addressed and the reasons why it has not addressed such needs		
Financial Assistance Policy		
Did the hospital facility have in place during the tax year a written financial assistance policy that:		
8 Explained eligibility criteria for financial assistance, and whether such assistance includes free or discounted care?	X	
9 Used federal poverty guidelines (FPG) to determine eligibility for providing free care?	X	
If "Yes," indicate the FPG family income limit for eligibility for free care: <u>250</u> %		
If "No," explain in Part VI the criteria the hospital facility used.		

Part V Facility Information (continued) **N/A**

	Yes	No
10 Used FPG to determine eligibility for providing <i>discounted care</i> ? If "Yes," indicate the FPG family income limit for eligibility for discounted care: <u>400</u> % If "No," explain in Part VI the criteria the hospital facility used.	X	
11 Explained the basis for calculating amounts charged to patients? If "Yes," indicate the factors used in determining such amounts (check all that apply):	X	
a <input checked="" type="checkbox"/> Income level b <input checked="" type="checkbox"/> Asset level c <input checked="" type="checkbox"/> Medical indigency d <input checked="" type="checkbox"/> Insurance status e <input checked="" type="checkbox"/> Uninsured discount f <input checked="" type="checkbox"/> Medicaid/Medicare g <input checked="" type="checkbox"/> State regulation h <input type="checkbox"/> Other (describe in Part VI)		
12 Explained the method for applying for financial assistance?	X	
13 Included measures to publicize the policy within the community served by the hospital facility? If "Yes," indicate how the hospital facility publicized the policy (check all that apply):	X	
a <input checked="" type="checkbox"/> The policy was posted on the hospital facility's website b <input checked="" type="checkbox"/> The policy was attached to billing invoices c <input checked="" type="checkbox"/> The policy was posted in the hospital facility's emergency rooms or waiting rooms d <input checked="" type="checkbox"/> The policy was posted in the hospital facility's admissions offices e <input checked="" type="checkbox"/> The policy was provided, in writing, to patients on admission to the hospital facility f <input checked="" type="checkbox"/> The policy was available on request g <input type="checkbox"/> Other (describe in Part VI)		

Billing and Collections

14 Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained actions the hospital facility may take upon non-payment?	X	
15 Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine patient's eligibility under the facility's FAP:		
a <input checked="" type="checkbox"/> Reporting to credit agency b <input checked="" type="checkbox"/> Lawsuits c <input checked="" type="checkbox"/> Liens on residences d <input checked="" type="checkbox"/> Body attachments e <input type="checkbox"/> Other similar actions (describe in Part VI)		
16 Did the hospital facility or an authorized third party perform any of the following actions during the tax year before making reasonable efforts to determine the patient's eligibility under the facility's FAP? If "Yes," check all actions in which the hospital facility or a third party engaged:	X	
a <input checked="" type="checkbox"/> Reporting to credit agency b <input checked="" type="checkbox"/> Lawsuits c <input checked="" type="checkbox"/> Liens on residences d <input checked="" type="checkbox"/> Body attachments e <input type="checkbox"/> Other similar actions (describe in Part VI)		
17 Indicate which efforts the hospital facility made before initiating any of the actions checked in line 16 (check all that apply):		
a <input checked="" type="checkbox"/> Notified patients of the financial assistance policy on admission b <input checked="" type="checkbox"/> Notified patients of the financial assistance policy prior to discharge c <input checked="" type="checkbox"/> Notified patients of the financial assistance policy in communications with the patients regarding the patients' bills d <input checked="" type="checkbox"/> Documented its determination of whether patients were eligible for financial assistance under the hospital facility's financial assistance policy e <input type="checkbox"/> Other (describe in Part VI)		

Part V Facility Information (continued) N/A

Policy Relating to Emergency Medical Care

18 Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that requires the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy?

	Yes	No
18	X	

If "No," indicate why:

- a** The hospital facility did not provide care for any emergency medical conditions
- b** The hospital facility's policy was not in writing
- c** The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Part VI)
- d** Other (describe in Part VI)

Individuals Eligible for Financial Assistance

19 Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care.

- a** The hospital facility used its lowest negotiated commercial insurance rate when calculating the maximum amounts that can be charged
- b** The hospital facility used the average of its three lowest negotiated commercial insurance rates when calculating the maximum amounts that can be charged
- c** The hospital facility used the Medicare rates when calculating the maximum amounts that can be charged
- d** Other (describe in Part VI)

20 Did the hospital facility charge any of its patients who were eligible for assistance under the hospital facility's financial assistance policy, and to whom the hospital facility provided emergency or other medically necessary services, more than the amounts generally billed to individuals who had insurance covering such care?

20		X
-----------	--	----------

If "Yes," explain in Part VI.

21 Did the hospital facility charge any of its FAP-eligible patients an amount equal to the gross charge for any service provided to that patient?

21		X
-----------	--	----------

If "Yes," explain in Part VI.

Part VI Supplemental Information

Complete this part to provide the following information.

- 1 **Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II; Part III, lines 4, 8, and 9b; and Part V, Section B, lines 1j, 3, 4, 5c, 6i, 7, 9, 10, 11h, 13g, 15e, 16e, 17e, 18d, 19d, 20, and 21.
- 2 **Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any needs assessments reported in Part V, Section B.
- 3 **Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy.
- 4 **Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves.
- 5 **Promotion of community health.** Provide any other information important to describing how the organization's hospital facilities or other health care facilities further its exempt purpose by promoting the health of the community (e.g., open medical staff, community board, use of surplus funds, etc.).
- 6 **Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.
- 7 **State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

Part II: The Hospital of Saint Raphael's community building

activities include: the HOPE Program which provides basic job skills training to members of the community in order to assist them in finding employment and improving their overall quality of life; Disaster Preparedness - the Disaster Preparedness Committee works with local agencies (police, fire, etc.) to coordinate activities and prepare our staff in the event that a local disaster would occur; the maintenance of two Hospital parks and an "adopted" site within the neighborhood for community use; and periodic street patrols within the neighborhood promoting security and safety.

Part III, Line 4: The Hospital is committed to the community by providing services to the poor and the medically underserved, as well as providing benefits to the broader community. Focused on providing nondiscriminatory treatment of all patients, the Hospital fosters universal access to emergency care regardless of ability to pay. The Hospital grants credit without collateral to its patients, most of who are local residents and are insured under third-party payer arrangements.

Services provided to the poor and the medically underserved include

Part VI Supplemental Information

services provided to persons who cannot afford healthcare due to lack of resources, lack of insurance, or both. The Hospital considers care provided for which no payment was received from the patient or their insurer as uncompensated care. Uncompensated care is composed of free care provided, charity care provided, and bad debt expense. The Hospital makes available free care and financial assistance programs for qualifying patients. In accordance with established policies, during the registration, billing, and collection processes, a patient's eligibility for free care and financial assistance is determined. For patients who were determined to have the ability to pay but did not, the Hospital provision for uncollectible accounts is bad debt expense.

Part III, Line 8: The Medicare shortfall should be considered a part of the community benefit provided by the Hospital. Medicare patients who receive care at the Hospital are primarily local residents. They receive the same quality care as Medicaid and charity care patients.

The costs reported on line 6 were estimated using a cost to charge ratio, which was derived by comparing total routine costs to total charges.

Part III, Line 9b: Whenever it is determined that the patient qualifies for Charity Care, a Patient Accounts Representative will adjust the balance by the appropriate amount, and the residual balance (if any) will become the patient's responsibility.

N/A:

Part V, Section B, Line 19d: A patient's annual family income must be greater than 250% and is less than or equal to 400% of the current year's

Part VI Supplemental Information

Federal Poverty Guidelines in order to be eligible for partial financial assistance. Partial financial assistance means the patient will be charged only the cost of services rather than the hospital's published charges.

Part VI, Line 2: The Hospital of Saint Raphael community benefit programs have been designed to meet the long standing needs of individuals living in our services area. The Hospital utilizes data from local, regional, state, and federal resources to develop and expand our community benefit program. Examples of these informational sources include Connecticut Department of Public Health - 2009 Connecticut Health Disparities Report, CDC Behavioral Risk Factors Surveillance System, DATA Haven of South Central CT - Community Data Well Being Indicators, and the Community Alliance for Research and Engagement at the School of Public Health- Yale University /2009 CARE Neighborhood Health Survey Results.

Part VI, Line 3: The Hospital of Saint Raphael is committed to providing quality healthcare that is affordable and accessible to all, regardless of their ability to pay. To ensure that cost will not be a barrier to our community, we provide financial assistance coordinators who work closely with our patients to apply for eligible financial assistance programs, including assistance from our charitable resources. In addition there are brochures and signage in two languages indicating that financial assistance is available to qualified patients and their families.

Part VI, Line 4: The Hospital of Saint Raphael is a 511-bed community teaching hospital located in New Haven. The Hospital of Saint Raphael's

Part VI Supplemental Information

Service Area consists of the 22 towns which surround New Haven. The Service Area has a population of approximately 863,000. Average household income for the entire service area in 2012 was determined to be approximately \$63,000. The City of New Haven demographics include a population of approximately 131,000 in 49,000 households. Average household income approximates \$39,000 and per capita income approximates \$23,000.

Part VI, Line 5: In addition to the community building activities identified in Part VI, line 5 and the quantified free or discounted health services identified in Part I, Charity Care and Certain Other Community Benefits at Cost, the Hospital of Saint Raphael provides the following community benefits: Community Health Improvement Services - provides free and discounted services, such as screenings, lectures, health fairs, support groups, consultations, and referrals to outside agencies, aimed toward improving the health of the community; Health Professions Education - in addition to our medical interns and residents program, we provide a training site for high school and college students who are interested in pursuing other degrees within the medical industry; and Financial and In-Kind Contributions - we financially support other community organizations through sponsorships and in-kind donations via time spent by staff volunteering in the community.

Part VI, Line 6: Saint Raphael Healthcare System affiliated organizations include Saint Regis Nursing Home, Inc., d/b/a The Sister Anne Virginie Grimes Health Center and DePaul Health Services Corporation, both of which operate healthcare organizations that complement the care given at the Hospital of Saint Raphael. Our healthcare providing

Part VI Supplemental Information

organizations are supported through the fund raising efforts of The Saint Raphael Foundation, Inc., the One for All Fund, and the Saint Raphael Auxiliary. These affiliated organizations share the Hospital's mission to witness, share in, and promote excellence in the healing ministry of Jesus Christ. The Saint Raphael Healthcare System and its affiliates are committed to preserving the dignity and well-being of each individual, and assuring that every person is treated according to the principles of charity and justice.

Part VI, Line 7, List of States Receiving Community Benefit Report:

CT

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 23.

▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047

2011

Open to Public Inspection

Name of the organization

Hospital of Saint Raphael

Employer identification number

06-0653171

Part I Questions Regarding Compensation

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- | | |
|---|---|
| <input type="checkbox"/> First-class or charter travel | <input checked="" type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input checked="" type="checkbox"/> Tax indemnification and gross-up payments | <input checked="" type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef) |

b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?

3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director. Explain in Part III.

- | | |
|---|---|
| <input checked="" type="checkbox"/> Compensation committee | <input checked="" type="checkbox"/> Written employment contract |
| <input checked="" type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study |
| <input type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

4 During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment?
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?
- c** Participate in, or receive payment from, an equity-based compensation arrangement?
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.

5 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization?
- b** Any related organization?
- If "Yes" to line 5a or 5b, describe in Part III.

6 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization?
- b** Any related organization?
- If "Yes" to line 6a or 6b, describe in Part III.

7 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III

8 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III

9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

	Yes	No
1b	X	
2	X	
4a		X
4b	X	
4c		X
5a		X
5b		X
6a		X
6b		X
7	X	
8		X
9		

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule J (Form 990) 2011

Part I Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

Note. The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported as deferred in prior Form 990
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 James Farmer, MD	(i) 0.	(ii) 0.	(iii) 403872.	0.	0.	403872.	0.
2 W. Bruce Lundberg, MD	(i) 0.	(ii) 0.	(iii) 276832.	0.	0.	276832.	0.
Christopher M. Christoper M.	(i) 0.	(ii) 0.	(iii) 0.	0.	0.	0.	0.
3 O'Connor	(i) 661339.	(ii) 270000.	(iii) 28238.	370442.	22271.	1352290.	270000.
Jeananne	(i) 0.	(ii) 0.	(iii) 0.	0.	0.	0.	0.
4 Lubin-Szafranski	(i) 298893.	(ii) 61530.	(iii) 45745.	111662.	19579.	537409.	61530.
5 Alan Kligler, MD	(i) 461763.	(ii) 130000.	(iii) 17605.	199305.	16456.	825129.	130000.
6 Lawrence E. McManus	(i) 458902.	(ii) 175000.	(iii) 70738.	199305.	20476.	924421.	175000.
7 James Rude	(i) 198320.	(ii) 20157.	(iii) 603.	45354.	17467.	281901.	20157.
8 Joseph Bisson	(i) 0.	(ii) 0.	(iii) 0.	0.	0.	0.	0.
9 Russ Braun, MD	(i) 242761.	(ii) 0.	(iii) 1514.	91464.	20476.	356215.	0.
10 John Burke	(i) 0.	(ii) 0.	(iii) 0.	0.	0.	0.	0.
11 Elizabeth Conrad	(i) 387440.	(ii) 0.	(iii) 157017.	58765.	19954.	623176.	0.
12 Thomas Donahue, MD	(i) 0.	(ii) 0.	(iii) 0.	0.	0.	0.	0.
13 Peter Duffy	(i) 256540.	(ii) 35002.	(iii) 26418.	95275.	2587.	415822.	35002.
14 John Fitzgerald	(i) 0.	(ii) 0.	(iii) 0.	0.	0.	0.	0.
15 Sister Joan Granville	(i) 258051.	(ii) 53550.	(iii) 31159.	97180.	19448.	459388.	53550.
16 W. Scott Helton, MD	(i) 0.	(ii) 0.	(iii) 0.	0.	0.	0.	0.
	(i) 462902.	(ii) 0.	(iii) 2860.	106313.	25475.	597550.	0.
	(i) 0.	(ii) 0.	(iii) 0.	0.	0.	0.	0.
	(i) 198729.	(ii) 39139.	(iii) 27950.	75049.	19123.	359990.	39139.
	(i) 194152.	(ii) 19570.	(iii) 1117.	44033.	7940.	266812.	19570.
	(i) 0.	(ii) 0.	(iii) 0.	0.	0.	0.	0.
	(i) 0.	(ii) 0.	(iii) 0.	0.	0.	0.	0.
	(i) 171631.	(ii) 31700.	(iii) 54354.	64431.	7300.	329416.	31700.
	(i) 0.	(ii) 0.	(iii) 0.	0.	0.	0.	0.
	(i) 55970.	(ii) 75000.	(iii) 30121.	0.	3670.	164761.	75000.

Part I Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

Note. The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported as deferred in prior Form 990
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 Gary J. Kaml, M.D.	(i) 430239.	0.	180.	0.	19583.	450002.	0.
	(ii) 0.	0.	0.	0.	0.	0.	0.
	(i) 0.	0.	0.	0.	0.	0.	0.
2 Mary Kuncas	(ii) 245453.	45124.	42258.	91716.	8899.	433450.	45124.
	(i) 0.	0.	0.	0.	0.	0.	0.
3 Marshal Mandelkern, MD	(ii) 263422.	51675.	32087.	60255.	19509.	426948.	51675.
	(i) 0.	0.	0.	0.	0.	0.	0.
	(ii) 182589.	0.	319.	34279.	8900.	226087.	0.
	(i) 0.	0.	0.	0.	0.	0.	0.
5 Howard Shaw, M.D.	(ii) 342509.	0.	2229.	54506.	2706.	401950.	0.
	(i) 0.	0.	0.	0.	0.	0.	0.
6 Lucinda VonBeren	(ii) 228250.	47250.	26285.	85748.	15927.	403460.	47250.
	(i) 492977.	0.	420.	0.	18946.	512343.	0.
	(ii) 0.	0.	0.	0.	0.	0.	0.
7 Andre Ghantous, MD	(i) 439366.	93448.	414.	0.	18325.	551553.	0.
	(ii) 0.	0.	0.	0.	0.	0.	0.
8 John Federico, MD	(i) 348154.	123905.	320.	0.	18651.	491030.	0.
	(ii) 0.	0.	0.	0.	0.	0.	0.
9 Donald Kim, MD	(i) 352892.	7700.	1438.	0.	21130.	383160.	0.
	(ii) 0.	0.	0.	0.	0.	0.	0.
10 Ernest Moritz, MD	(i) 506753.	2400.	180.	0.	18438.	527771.	0.
	(ii) 0.	0.	0.	0.	0.	0.	0.
11 Samuel Hahn, MD	(i) 0.	0.	0.	0.	0.	0.	0.
Benedict Fernando,	(i) 0.	0.	73419.	0.	0.	73419.	0.
12 M.D.	(ii) 0.	0.	0.	0.	0.	0.	0.
	(i) 0.	0.	0.	0.	0.	0.	0.
13 Charles Hollander, MD	(ii) 204976.	0.	4275.	0.	0.	209251.	0.
	(i) 0.	0.	0.	0.	0.	0.	0.
14 David W. Benfer	(ii) 47306.	0.	145955.	0.	0.	193261.	0.
	(i) 0.	0.	0.	0.	0.	0.	0.
15	(i) 0.	0.	0.	0.	0.	0.	0.
16	(ii) 0.	0.	0.	0.	0.	0.	0.

Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

Part I, Line 1a: Taxable housing and automobile allowances are provided to Christopher M. O'Connor (Saint Raphael Healthcare System, Inc. Chief Executive Officer through 9/11/12) under the terms of the individual's employment contract.

Taxable housing and automobile allowances are provided to Lawrence E. McManus (Saint Raphael Healthcare System, Inc. Chief Operating Officer and Chief Financial Officer through 4/4/12) under the terms of the individual's employment contract. In addition, reimbursements (non-taxable) are made for the business use of a social club.

Taxable automobile allowance is provided to Janeanne Lubin-Szafranski (Saint Raphael Healthcare System, Inc. Chief Executive Officer effective 9/12/12) under the terms of the individual's employment contract.

Taxable housing and automobile allowances are provided to John Burke (Saint Raphael's Chief Information Officer through 9/11/12) under the terms of the individual's employment contract.

Part III Supplemental information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

Taxable automobile allowances are provided to other vice-president level executives under the terms of the individual's employment contract.

Part I, Line 4b: Certain Saint Raphael executives were eligible to participate in a supplemental non-qualified retirement plan through a date in calendar year 2010. During calendar year 2011 no provision was made for participation in such plan. Vested amounts are reported as a component of the value reported in Schedule J Part II Column B (iii) "Other Reportable Compensation" for the following individuals- Lawrence E. McManus (\$41,578), Alan Kliger, MD (\$8), Janeanne Lubin-Szafranski (\$34,659), Elizabeth Conrad (\$22,644), Peter Duffy (\$19,895), Sister Joan Granville (\$42,390), Mary Kuncas (\$31,608), Marshall Mandelkern, MD (\$25,241), Lucinda VonBeren (\$16,283).

Part I, Line 7: Certain Saint Raphael executives are eligible to earn incentive compensation based upon the achievement of Board of Trustee's-approved metrics. During calendar year 2011 payments were made for incentives related to fiscal year ended September 30, 2010 and are reported in Schedule J Part II Column B (ii) "Bonus and Incentive Compensation".

Part III Supplemental information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

During fiscal year 2011 provision was made for incentives related to the fiscal year ended September 30, 2011; such provision is reported in Schedule J as a component of Part II Column C "Deferred Compensation" for the following individuals- Christopher M. O'Connor (\$370,442), Lawrence E. McManus (\$199,305), Alan Kliger, MD (\$199,305), Janeanne Lubin-Szafranski (\$111,662), James Rude (\$45,354), Joseph Bisson (\$91,464), Russ Braun, MD (\$58,765), John Burke (\$95,275), Elizabeth Conrad (\$97,180), Thomas Donohue, MD (\$106,313), Peter Duffy (\$75,049), John Fitzgerald (\$44,033), Sister Joan Granville (\$64,431), Mary Kuncas (\$91,716), Marshall Mandelkern, MD (\$60,255), Kim Samele (\$34,279), Howard Shaw, MD (\$54,508), Lucinda VonBeren (\$85,748).

Certain Hospital of Saint Raphael physician caregivers are eligible to earn incentive compensation based upon the achievement of approved productivity metrics. During calendar year 2011 payments were made for such incentives as reported in Schedule J Part II Column B (ii) "Bonus and Incentive Compensation" for the physician caregivers and amounts identified.

06-0653171

Schedule N (Form 990 or 990-EZ) (2011) **Hospital of Saint Raphael**

Part I Liquidation, Termination, or Dissolution (continued)

Note. If the organization distributed all of its assets during the tax year, then Form 990, Part X, column (B), line 16 (Total assets), and line 26 (Total liabilities), should equal -0-

	Yes	No
3 Did the organization distribute its assets in accordance with its governing instrument(s)? If "No," describe in Part III	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4a Is the organization required to notify the attorney general or other appropriate state official of its intent to dissolve, liquidate, or terminate?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4b If "Yes," did the organization provide such notice?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5 Did the organization discharge or pay all of its liabilities in accordance with state laws?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
6a Did the organization have any tax-exempt bonds outstanding during the year?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
6b Did the organization discharge or defease all of its tax-exempt bond liabilities during the tax year in accordance with the Internal Revenue Code and state laws?	<input type="checkbox"/>	<input checked="" type="checkbox"/>

c If "Yes," to line 6b, describe in Part III how the organization defeased or otherwise settled these liabilities. If "No," explain in Part III.

Part II Sale, Exchange, Disposition, or Other Transfer of More Than 25% of the Organization's Assets. Complete this part if the organization answered "Yes" to Form 990, Part IV, line 32, or Form 990-EZ, line 36. Part II can be duplicated if additional space is needed.

1	(a) Description of asset(s) distributed or transaction expenses paid	(b) Date of distribution	(c) Fair market value of asset(s) distributed or amount of transaction expenses	(d) Method of determining FMV for asset(s) distributed or transaction expenses	(e) EIN of recipient	(f) Name and address of recipient	(g) IRC section of recipient(s) (if tax-exempt) or type of entity
Cash		09/12/12	3400000	Net Book Value as of 09/11/12	06-0646652	Yale-New Haven Hospital 20 York Street New Haven, CT 06504	501(3)c
Inventory		09/12/12	7426862	Net Book Value as of 09/11/12	06-0646652	Yale-New Haven Hospital 20 York Street New Haven, CT 06504	501(3)c
Land		09/12/12	985500	Net Book Value as of 09/11/12	06-0646652	Yale-New Haven Hospital 20 York Street New Haven, CT 06504	501(3)c
Property, Plant and Equipment		09/12/12	85287614	Net Book Value as of 09/11/12	06-0646652	Yale-New Haven Hospital 20 York Street New Haven, CT 06504	501(3)c
Investment - Cyberknife Partnership		09/12/12	226821	Net Book Value as of 09/11/12	06-0646652	Yale-New Haven Hospital 20 York Street New Haven, CT 06504	501(3)c
Lukan Indemnity Co. Assets		09/12/12	33787352	Net Book Value as of 09/11/12	06-0646652	Yale-New Haven Hospital 20 York Street New Haven, CT 06504	501(3)c
Net Due From Third Parties		09/12/12	2360882	Net Book Value as of 09/11/12	06-0646652	Yale-New Haven Hospital 20 York Street New Haven, CT 06504	501(3)c

2 Did or will any officer, director, trustee, or key employee of the organization:

	Yes	No
a Become a director or trustee of a successor or transferee organization?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b Become an employee of, or independent contractor for, a successor or transferee organization?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
c Become a direct or indirect owner of a successor or transferee organization?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
d Receive, or become entitled to, compensation or other similar payments as a result of the organization's significant disposition of assets?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
e If the organization answered "Yes" to any of the questions in this line, provide the name of the person involved and explain in Part III. ▶	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Part III Supplemental Information. Complete to provide the information required by Part I, lines 2e and 6c, and Part II, line 2e. Also complete this part to provide any additional information.

Part II, Line 2e:

Part 1 Line 2a. Vincent Calarco, Linda Masci, Sister Rosemary Moynihan and James Torgerson (Saint Raphael Healthcare System, Inc. trustees through September 11, 2012) have become trustees of the transferee organization as of September 12, 2012.

Part I Line 2b. Christopher M. O'Connor, Alan Kliger MD, Thomas Donohue MD, Marshall Mandelkern MD, Howard Shaw MD, Lucinda VonBeren, Andre Ghantous MD, John Federico MD, Donald Kim MD, Ernest Moritz MD, and Samuel Hahn MD became employees of the transferee organization as of September 12, 2012.

Part I Line 2d. Christopher M. O'Connor, Lawrence E. McManus, Janeanne Lubin-Szafranski, Joe Bisson, John Burke, Elizabeth Conrad, Peter Duffy, Sister Joan Granville, Mary Kuncas, Kim Samele, Lucinda VonBeren, John Fitzgerald and James Rude received Board of Trustee's approved retention payments for continuous employment through September 11, 2012 from Saint Raphael's.

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.
▶ Attach to Form 990 or 990-EZ.

OMB No. 1545-0047

2011

Open to Public
Inspection

Name of the organization

Hospital of Saint Raphael

Employer identification number

06-0653171

Form 990, Part III, Line 1, Description of Organization Mission:

ministry of Jesus Christ. The Hospital is committed to preserving the dignity and well-being of each individual, and assuring that every person is treated according to the principles of charity and justice. The Hospital accepts the Gospel challenge that prompted their founders of the sponsoring congregation, Saint Vincent DePaul, Saint Elizabeth Ann Seton, and Mother Mary Xavier Mehegan by pledging every loving service in their power to reach out to those in need of services.

Form 990, Part III, Line 3, Changes in Program Services:

Effective as of 12:01am September 12, 2012, the majority of the assets and the operations of the Hospital of Saint Raphael were sold to Yale-New Haven Hospital (a 966-bed not-for-profit hospital located in New Haven, Connecticut) and its parent company (Yale-New Haven Health Services Corporation), and active operations ceased. The company remains in existence to wind-up corporate affairs, which includes the collection of outstanding accounts receivable and the payment of outstanding accounts payable & accrued expenses as of September 30, 2012.

Wind-up activities for Hospital of Saint Raphael also include the disposition of temporarily and permanently restricted net assets pending transfer as of September 30, 2012. The Attorney General of the State of Connecticut must review all restrictions on these net assets, with a cy-pres action in Connecticut Superior Court probable for some of these restricted amounts. While the expectation is that these funds

Name of the organization

Hospital of Saint Raphael

Employer identification number

06-0653171

will ultimately transition to Yale-New Haven Hospital, it is possible that some of these funds could be directed to another charity.

Form 990, Part VI, Section A, line 6: Hospital of Saint Raphael is a membership corporation and the sole Member of the Hospital is the Saint Raphael Healthcare System, Inc.

Form 990, Part VI, Section A, line 7a: Saint Raphael Healthcare System, Inc. is the sole Member of the Hospital of Saint Raphael.

Form 990, Part VI, Section A, line 7b: The following rights and powers are reserved to the Membership of the Hospital's sole Member:

>To acquire, alienate or convey the real property or endowment funds of the Hospital having a value of \$3,000,000 or more, or to place a mortgage on such property or funds in the amount of \$3,000,000 or more.

>To dispose of all or substantially all of the physical assets of the Hospital and to approve the merger or consolidation of the Hospital.

>To borrow money and issue evidences of indebtedness in connection with the activities of the Hospital in the amount \$3,000,000 or more, if such borrowings are to secured by mortgage, pledge or other lien on the Hospital's real property or endowment funds.

>To organize or direct the organization of any corporation or other entity in which the Hospital will be a member or shareholder or have an equity interest greater than \$1,000,000.

>To dispose of stock or other equity interest of a corporation or other entity controlled by the Hospital.

>To elect the Trustees of the Hospital who do not serve in an ex officio capacity.

Name of the organization

Hospital of Saint Raphael

Employer identification number

06-0653171

>To fill any vacancy occurring on the Board of Trustees, other than ex officio positions.

>To amend the Certificate of Incorporation and Bylaws of the Hospital.

>To appoint or remove the President of the Hospital.

>To exercise any right specifically reserved to them in the certificate of incorporation of a subsidiary corporation controlled by the Hospital.

Form 990, Part VI, Section B, line 11: The governing body reviewed key elements of the 990 prior to submission.

Form 990, Part VI, Section B, Line 12c: Officers, trustees and key employees are required to complete the conflict of interest questionnaire on an annual basis. Results of the questionnaire are reviewed annually by the audit committee.

Form 990, Part VI, Section B, Line 15: Compensation of the organization's chief executive officer is determined by the Compensation Committee of the Board of Trustees (utilizing an independent compensation consultant in conjunction with a compensation survey of the relevant marketplace). The Compensation Committee maintains minutes of its meetings. The Chief Executive Officer is employed with a written employment contract.

Compensation of the organization's other officers and most of its key employees are also determined by the Compensation Committee of the Board of Trustees (utilizing an independent compensation consultant in conjunction with a compensation survey of the relevant marketplace). The Compensation Committee maintains minutes of its meetings.

Name of the organization

Hospital of Saint Raphael

Employer identification number

06-0653171

Form 990, Part VI, Section C, Line 19: The organization makes its governing documents, conflict of interest policy, and financial statements available to the public upon request.

Form 990, Part XI, line 5, Changes in Net Assets:

Net unrealized gains on investments:	695617.
Net equity transfers to affiliates	5487848.
Contributions restricted to Special Purpose Fund	3433484.
Gains on restricted Net Assets	484659.
Net assets released from restriction	-5728047.
Change in interest in net assets of Saint Raphael Foundation, Inc.	-9254665.
Decrease in Minimum Pension Liability	45266000.
Debt Defeasance	-6878725.
Transfer of Caritas investment	4683496.
Gain on affiliation transaction	21848070.
Total to Form 990, Part XI, Line 5	60037737.

Form 990, Part VII, Line 1a, Column E

Amounts reported for James Carolan reflect payments made to Withers Bergman, LLC in the normal and recurring course of Hospital of Saint Raphael business and are not related to the volunteer services provided by the trustee to the organization.

Amounts reported for Ralph DeNatale, MD reflect payments made to Connecticut Vascular Center (\$35,200) and the individual physician (\$90,833). Certain of the amounts reported for the individual physician reflect payments made as a stipend for his role as President

Name of the organization

Hospital of Saint Raphael

Employer identification number

06-0653171

of the Hospital of Saint Raphael Medical Staff (responsibilities include participation as a Hospital trustee). Other payments made in the normal and recurring course of Hospital of Saint Raphael business.

Amounts reported for James Farmer, MD reflect payments made to Anesthesia Associates in the normal and recurring course of Hospital of Saint Raphael business and are not related to the volunteer services provided by the trustee to the organization.

Amounts reported for W. Bruce Lundberg, MD reflect payments made to Medical Oncology and Hematology in the normal and recurring course of Hospital of Saint Raphael business and are not related to the volunteer services provided by the trustee to the organization.

Amounts reported for Benedict Fernando, MD include payments made to West Haven Medical Group as a stipend for his role as President of the Hospital of Saint Raphael Medical Staff (responsibilities include participation as a Hospital trustee). Other payments made in the normal and recurring course of Hospital of Saint Raphael business.

Related Organizations and Unrelated Partnerships
 Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.
 Attach to Form 990. See separate instructions.

Name of the organization: **Hospital of Saint Raphael**
 Employer identification number: **06-0653171**

Part I Identification of Disregarded Entities (Complete if the organization answered "Yes" to Form 990, Part IV, line 33.)

(a) Name, address, and EIN of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
Lukan Indemnity Co., Ltd - 06-0653171 FB Perry Building, 40 Church Street Hamilton, Hamilton, BERMUDA	Direct and reinsurance malpractice	Bermuda	3454859.	0.	

Part II Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
Saint Raphael Healthcare System, Inc. - 06-1157542, 200 Orchard Street, Suite 204, New Haven, CT 06511	Tax exempt holding company	Connecticut	501 (c) 3	11a			X
Caritas Insurance Company, LTD - 03-0322238 30 Main Street, Suite 330 Burlington, VT 05401	Insurance	Vermont	501 (c) 3	11a	Hospital of Saint Raphael		X
Saint Raphael Foundation, Inc. - 51-0140710 200 Orchard Street, Suite 204 New Haven, CT 06511	Fundraising Foundation	Connecticut	501 (c) 3	11a	Saint Raphael Healthcare System, Inc.		X
Saint Regis Health Center, Inc. - 06-1217867 200 Orchard Street, Suite 204 New Haven, CT 06511	Skilled Nursing Facility	Connecticut	501 (c) 3	3	Saint Raphael Healthcare System, Inc.		X

Part V Transactions With Related Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35, 35a, or 36.)

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.		Yes	No
1	During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?		
a	Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity		X
b	Gift, grant, or capital contribution to related organization(s)	X	
c	Gift, grant, or capital contribution from related organization(s)	X	
d	Loans or loan guarantees to or for related organization(s)		X
e	Loans or loan guarantees by related organization(s)		X
f	Sale of assets to related organization(s)		X
g	Purchase of assets from related organization(s)		X
h	Exchange of assets with related organization(s)		X
i	Lease of facilities, equipment, or other assets to related organization(s)	X	
j	Lease of facilities, equipment, or other assets from related organization(s)	X	
k	Performance of services or membership or fundraising solicitations for related organization(s)	X	
l	Performance of services or membership or fundraising solicitations by related organization(s)	X	
m	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	X	
n	Sharing of paid employees with related organization(s)		X
o	Reimbursement paid to related organization(s) for expenses		X
p	Reimbursement paid by related organization(s) for expenses		X
q	Other transfer of cash or property to related organization(s)		X
r	Other transfer of cash or property from related organization(s)		X

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.		(a) Name of other organization	(b) Transaction type (a-r)	(c) Amount involved	(d) Method of determining amount involved
(1)	Saint Raphael Healthcare System, Inc.	L	2203409	Cost Basis	
(2)	Saint Raphael Healthcare System, Inc.	I	23702	FMV of Services	
(3)	Saint Raphael Healthcare System, Inc.	C	1385000	Cash Value	
(4)	Saint Raphael Healthcare System, Inc.	B	2748515	Cash Value	
(5)	Caritas Insurance Company, LTD	L	1422131	FMV of Services	
(6)	Saint Raphael Foundation, Inc.	C	7810332	Cash Value	

Part V Continuation of Transactions With Related Organizations (Schedule R (Form 990), Part V, line 2)

(a) Name of other organization	(b) Transaction type (a-r)	(c) Amount involved	(d) Method of determining amount involved
(7) Saint Regis Health Center, Inc.	I	28402	FMV of Services
(8) Saint Regis Health Center, Inc.	K	1421988	FMV of Services
(9) Saint Regis Health Center, Inc.	J	17041	FMV of Services
(10) Saint Regis Health Center, Inc.	B	240847	Cost Basis
(11) VNA Services, Inc. Saint Raphael Healthcare System	R	654665	FMV of Property
(12) Affiliated Physicians, Inc.	K	8108908	FMV of Services
(13) Caritas Insurance Company, LTD	C	1500000	Cash Value
(14)			
(15)			
(16)			
(17)			
(18)			
(19)			
(20)			
(21)			
(22)			
(23)			
(24)			

